

NOV 17 2005

Deliver to: Camquy Truong, USPTO _____ Art Group: 2195 _____
Facsimile No.: (571) 273-8300 _____ Date: November 17, 2005 _____
From: James Henry, Reg. No. 41,064 _____
Our Docket No.: 42390P13490 _____ Number of pages 16 including this sheet.
Application No.: 09/683,993 _____ Filing Date: 3/8/2002 _____
Docket Due Date(s): 10/19/2005 _____

Enclosed are the following documents:

<input checked="" type="checkbox"/> Amendment: <u>Response</u> (<u>12</u> pgs)	<input type="checkbox"/> Issue Fee Transmittal
<input type="checkbox"/> Appeal Brief (<u> </u> pgs)	<input type="checkbox"/> Notice of Appeal
<input type="checkbox"/> Application: <u> </u> (<u> </u> pgs) w/cover & abstract)	<input type="checkbox"/> Petition for: <u> </u>
<input type="checkbox"/> Assignment & Cover Sheet (<u> </u> pgs)	<input checked="" type="checkbox"/> Request for Continued Examination (RCE)
<input checked="" type="checkbox"/> Certificate of Facsimile <u> </u>	<input type="checkbox"/> Reply Brief (<u> </u> pgs)
<input type="checkbox"/> Continued Prosecution Application (CPA)	<input type="checkbox"/> Request & Certification Under 35 USC 122(b)(2)(B)(I)
<input type="checkbox"/> Declaration & POA (<u> </u> pgs)	<input type="checkbox"/> Request to Rescind Previous Nonpublication Request
<input type="checkbox"/> Drawings: <u> </u> sheets, <u> </u> figures	<input type="checkbox"/> Response to Notice of Missing Parts & Formalities Letter
<input type="checkbox"/> Extension of Time: <u> </u>	<input type="checkbox"/> Response to Written Opinion (<u> </u> pgs)
<input checked="" type="checkbox"/> Fee Transmittal (in duplicate)	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> IDS & PTO/SB/08 (<u> </u> pgs)	<input type="checkbox"/> Transmittal of Publication Fee Due
<input type="checkbox"/> Other <u> </u>	<input type="checkbox"/> Transmittal Letter

PAGE 1/16 * RCVD AT 11/17/2005 4:02:58 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-6/26 * DNIS:2738300 * CSID:7145573347 * DURATION (mm:ss):04:48

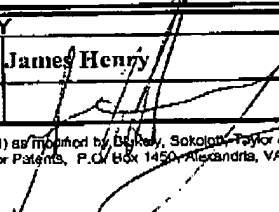
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NOV 17 2005

FEE TRANSMITTAL for FY 2005 <small>Patent fees are subject to annual revision.</small>		<i>Complete if Known</i> Application Number <u>09/683,993</u> Filing Date <u>March 8, 2002</u> First Named Inventor <u>Hooman Honary</u> Examiner Name <u>Camquy Truong</u> Art Unit <u>2195</u> Attorney Docket No. <u>42390P13490</u>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
TOTAL AMOUNT OF PAYMENT (\$) <u>790.00</u>			

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2666</u> Deposit Account Name: <u>Blakely, Sokoloff, Taylor & Zafman LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION																																																																																																																												
1. EXTRA CLAIM FEES																																																																																																																												
Total Claims <u>27</u> - 3d* = <u>0</u> x <u>50.00</u> = <u>\$0.00</u> Independent Claims <u>4</u> - 4* = <u>0</u> x <u>200.00</u> = <u>\$0.00</u> Multiple Dependent	Extra Claims Fee from below Fee Paid 0 50.00 \$0.00 0 200.00 \$0.00																																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>50</td> <td>2202</td> <td>25</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>200</td> <td>2201</td> <td>100</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>360</td> <td>2203</td> <td>180</td> <td>Multiple Dependent claim, if not paid</td> </tr> <tr> <td>1204</td> <td>300</td> <td>2204</td> <td>150</td> <td>*Reissue independent claims over original patent</td> </tr> <tr> <td>1205</td> <td>300</td> <td>2205</td> <td>150</td> <td>**Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (1)</td> <td style="text-align: right;">(\$)<u>0.00</u></td> </tr> </tbody> </table>		Large Entity		Small Entity		Fee Description	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	50	2202	25	Claims in excess of 20	1201	200	2201	100	Independent claims in excess of 3	1203	360	2203	180	Multiple Dependent claim, if not paid	1204	300	2204	150	*Reissue independent claims over original patent	1205	300	2205	150	**Reissue claims in excess of 20 and over original patent	SUBTOTAL (1)				(\$) <u>0.00</u>																																																																																				
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SUBMITTED BY		<i>Complete (if applicable)</i>	
Name (Print/Type) <u>James Henry</u>	Registration No. (Attorney/Agent) <u>41,064</u>	Telephone <u>(714) 557-3800</u>	
Signature 		Date <u>11/17/05</u>	

Based on PTO/SQ/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/12/15/2004).
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450